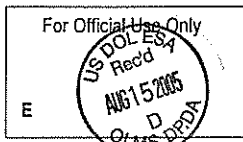


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6321</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Pete</u> <u>Culver</u> P.O. Box, Bldg., Room No., if any Street <u>1056 Logan Avenue</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>	4. Name, file number, and address of labor organization. Name <u>BAC Local # 27</u> Labor Organization File Number <u>030-962</u> P.O. Box, Building and Room Number, if any <u>Unit 16</u> Street <u>450 Shepard Drive</u> City <u>Elgin</u> State <u>Illinois</u> ZIP Code + 4 <u>60123</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>Illinois</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Pete J. Culver</u>	On <u>8-9-05</u> Date	<u>847 695-6826</u> Telephone Number

Name of Person Filing <b>Pete Culver</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Baum Sigman Auerbach &amp; Neuman, Ltd.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 2200</b></p> <p>Street <b>200 West Adams Street</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60606</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Fox Valley Constr. Workers Welfare and Pen.</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>28 N. First Street</b></p> <p>City <b>Geneva</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60134</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Provides legal services to the Fox Valley Construction Workers Welfare and Pension Funds, which I am a trustee.</b></p> <p>11.b. Approximate dollar value of such dealing. <b>\$70,000</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Received two books.</b></p> <p>12.b. Amount. <b>\$34</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing **Pete Culver**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Dowd Bloch & Bennett**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **19th Floor**Street **8 South Michigan Avenue**City **Chicago**State **Illinois** ZIP Code + 4 **60603****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**11.a. Nature of such dealing.**

Provides legal services to all Bricklayer unions of the District Council. The District Council pays for all legal services. Bricklayer Local 27 made no direct payments to this law firm.

**11.b. Approximate dollar value of such dealing.**

\$0

**12.a. Nature of interest held or income received.**

Received a tin of popcorn.

**12.b. Amount.**

\$28

Name of Person Filing **Pete Culver**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Fox Valley Construction Workers Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **28 North First Street**City **Geneva**State **Illinois** ZIP Code + 4 **60134****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**11.a. Nature of such dealing.**

BAC Local 27 Union is a participating local in the Fox Valley Construction Workers Pension Fund. I am a trustee on the Pension Fund.

**11.b. Approximate dollar value of such dealing.****\$0****12.a. Nature of interest held or income received.**

The Fund provided working lunches for five Board meetings held in 2004. The estimated cost of the five lunches is 38.

**12.b. Amount.****\$38**

Name of Person Filing Pete Culver

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Fox Valley Construction Workers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28 North First Street

City Geneva

State Illinois ZIP Code + 4 60134

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

BAC Local 27 is a participating local in the Fox Valley Construction Workers Welfare Fund. I am a trustee on the Welfare Fund.

## 11.b. Approximate dollar value of such dealing.

\$33

## 12.a. Nature of interest held or income received.

The Fund provided working lunches for five Board meetings held in 2004. The estimated cost of the five lunches provided is \$33.

## 12.b. Amount.

\$33